

**REQUEST FOR LSTA SUB GRANT REIMBURSEMENT**  
**South Carolina State Library**  
**LSTA – PL 108-81, AS AMENDED**

**FOR SCSL USE ONLY --**

LSTA Sub-Grant Award #: \_\_\_\_\_  
Program Year Funds: \_\_\_\_\_  
LSTA State Grant Award #: \_\_\_\_\_  
FFY Appropriations : \_\_\_\_\_

**CFDA No. 45.310**  
South Carolina State Library  
1430 Senate Street  
P.O. Box 11469  
Columbia SC 29211

**Sub-Grant Project Title:** \_\_\_\_\_

- I. Sub-grantee (organization) Name: \_\_\_\_\_ Award Date: \_\_\_\_\_
- II. Project Administrator \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
- III. Fiscal Officer \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Use This Form To Request LSTA Reimbursement Payments ONLY**

IV.	LSTA Total Award	LSTA Funds Expended To Date	Reimbursement Received To Date	Reimbursement Request (Current)	LSTA Award Balance
Personal Services	___55___	_____	_____	_____	_____
Library Materials	_____	_____	_____	_____	_____
Equipment	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
<b>Total</b>	_____	_____	_____	_____	_____

***I certify that to the best of my knowledge and belief, the information above is correct and complete and that all expenditures are for purposes set forth in the approved LSTA sub-grant.***

Submitted by: (Print Name) \_\_\_\_\_  
(Library Director, Project Administrator, or Fiscal Officer ONLY)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Include all required documentation. See [LSTA Guidelines](#).**